Child Care Whole Facility Inspection Request



TARRANT COUNTY PUBLIC HEALTH ENVIRONMENTAL HEALTH

5001 N. RIVERSIDE DR., STE. 105 • FORT WORTH, TX • 76137 817-248-6299

This service is only offered for facilities that hold a Tarrant County Public Health Food Establishment permit.

| Permit #: | | | |
|--|----------------------|-------------------------|------------------------|
| Establishment Name: | | | |
| Establishment Address (Physical Lo | cation): | | |
| City: | ZIP Code: | Phone | e: |
| Mailing Address (☐ Same as above |): | | |
| City: | | | |
| Owner(s) Name(s): | | Phon | e: |
| Email: | | | |
| If Corp., List Principals: | | | |
| Corporate Mailing Address: | | | |
| | | ZIP Code: | |
| District Office Address: | | | |
| Hours/Days of Operation: | | | |
| Is the facility on an individual well? | ⊒ yes Is th | ne facility on a septic | tank? □ yes |
| Please give a brief description of the | e type of operation: | □ Daycare Only | ☐ After School Program |
| | | | |
| Signature of ☐ Owner or ☐ Authoriz | zed Agent: | | |
| Printed Name of Above: | | | |